

- 1) Is the Plan Sponsor a member of a "controlled group of corporations" as defined by U.S. Internal Revenue Code Section 414(b)? ☐ YES ☐ NO
If YES, attach a list with the legal names of all other business entities within the control group and the number of employees employed by each.
- 2) Has the Plan Sponsor (or any affiliated entity) filed for protection or operated under federal/state bankruptcy laws (Chapter 7 or Chapter 11) within the last 36 months? ☐ YES ☐ NO
- 3) Has any creditor filed, or threatened to file, a petition requesting the Plan Sponsor (or any affiliated entity) be placed involuntarily into bankruptcy within the last 36 months? ☐ YES ☐ NO

IMPORTANT! Product Selection & Sold Rate Form must accompany the **Group Application for Coverage** form.

Section I. Group Information									
Group/Plan Sponsor Name				Effective Date (MM/DD/YYYY)		Administrative Contact Name			
Administrative Email Address			Phone No.		Ext. No.	Cell No.		Fax No.	
Executive Contact Name						Email Address			
Phone No.			Ext. No.	Cell No.			Fax No.		
Mailing Address					City			State	Zip Code
Business Address					City		County	State	Zip Code
Federal Tax ID			SIC Code			Nature of Business			
Is this a multi-location group? If YES, attach list with mailing address of each location. <input type="checkbox"/> YES <input type="checkbox"/> NO									
Section II. Billing Information									
Bank Draft. If YES, attach Authorization Agreement for Automatic Payments form. <input type="checkbox"/> YES <input type="checkbox"/> NO									
If this is a multi-location group, is the bill to be separated by location(s)? If YES, submit list of employees categorized by location(s). <input type="checkbox"/> YES <input type="checkbox"/> NO									
Section III. Broker Information									
Agency Name			Broker Name			Broker Email Address			
Broker Phone No.			Broker Cell No.			Broker Fax No.			
Broker Administrator Name			Broker Administrator Cell No.			Broker Administrator Email Address			
Mailing Address					City			State	Zip Code
Section IV. Authorized Signatures									
<p>On behalf of the Group/Plan Sponsor, the undersigned attests that the information entered on this Group Application for Coverage is correct and complete. The undersigned agrees submission of a Group Application for Coverage containing a false statement, material misrepresentation, or omission constitutes insurance fraud and may result in termination of coverage. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. On behalf of the Group/Plan Sponsor, the undersigned understands that coverage will not be effective prior to written approval from QualChoice and current coverage should not be cancelled prior to such approval. In making this application, the Group/Plan Sponsor agrees to the terms of the Group Master Contract to be provided following QualChoice's decision to provide coverage to the group and further agrees that this Group Application for Coverage will be part of the agreement between the Group/Plan Sponsor and QualChoice.</p> <p>Consistent with the requirements of the Genetic Information Nondiscrimination Act of 2008, QualChoice does not use genetic information for underwriting purposes or any other purpose prohibited by applicable law. The undersigned acknowledges that as part of the application process QualChoice has requested that it not be provided with any plan participant's family medical history or any plan participant's information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the participant believes he/she may be at risk.</p>									
Print Name			Title			Signature		Date (MM/DD/YYYY)	
						X			
Approved by Agent or QualChoice Representative – Print Name			Title			Signature		Date (MM/DD/YYYY)	
						X			

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Complete and mail form to QualChoice at address below or email to sales_intake@qualchoice.com